



Department of  
Taxation and Finance

ROP

Civil Enforcement Division - Offset Unit  
W A Harriman Campus, Albany NY 12227-0844

Notice date: 11/1/2021

Taxpayer ID: 26-2062193

21105970009900-AD00



ARSHEE INC.  
1210 N 152ND ST UNIT 531  
SHORELINE WA 98133-6344

### Notice of Intent to Refer Your Debt

As of the date of this notice, New York State Tax Department records indicate that you have a past due and legally enforceable New York State tax debt. This debt is eligible, pursuant to federal or state law, to be referred to the U.S. Treasury Offset Program. If we refer this debt to the U.S. Treasury, money owed to you by a federal agency may be subject to offset up to the amount of your debt. Any processing fee for offsets charged by the U.S. Treasury will also be added to the debt you owe.

Payments eligible for offset under this program include amounts paid to you by a federal agency other than tax refunds, salary, benefit payments and certain other payments.

**You have certain rights.** You have the right, within 60 days from the date of this notice, to pay your debt in full before we refer it. Alternatively, you have the right, within 60 days of the date of this notice, to present documentation to support any claim concerning the validity of the debt. Call us at (518) 457-5723, or write to the address above. Please write your federal employer identification number (EIN) and assessment number(s) on your payment or correspondence.

Acceptable defenses include, but are not limited to the following:

1. You have paid the debt.
2. You are not the business identified as the debtor in this notice.
3. The debt has been discharged through bankruptcy.
4. You are currently in bankruptcy.

If you are currently on an **Installment Payment Agreement**:

If you are paying your New York State tax debt with an installment payment agreement, we will apply any payment that we collect from a federal agency to what you owe.

- Continue to make payments in accordance with your payment agreement. **It is not necessary for you to call us.**
- Any federal offset payments will reduce the amount you owe under the agreement.

If you take none of the actions mentioned above within 60 days from the date of this notice, we will refer the debt to the Treasury Offset Program. You will continue to accrue applicable penalty and interest charges.

### What to do next

Pay - You can pay in any one of these ways:

**Online:** Visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov) and select *Make a payment*.

**Telephone:** Call (518) 457-5434

**Mail:** Follow the instructions on the enclosed Payment Document. Be sure to use the address on the Payment Document. Do not send payments to any other address.

<b>Tax type</b>	<b>Period ending</b>	<b>Assessment number</b>	<b>Current tax due</b>	<b>Current interest</b>	<b>Current penalty</b>	<b>Balance due</b>
CT	12/31/2014	L-053485375-9	1,000.00	727.27	250.00	1,977.27



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## Payment Document

If name or address shown is incorrect or  
has changed, enter correct information  
and return this **entire** payment document

L-053485375-9  
ARSHEE INC.  
1210 N 152ND ST UNIT 531  
SHORELINE WA 98133-6344

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Instructions**
- Use the coupon below to pay your outstanding liability(ies).
  - Mark an **X** in the appropriate box(es) and enter the amount to be applied and the payment amount enclosed in the space provided.
  - If you entered a name or address change above, return this **entire** payment document; **otherwise**, detach the coupon below and return it with your payment.

DTF-968.11 (10/18)

- ☐ Payment for **Assessment ID:** L-053485375-9
- ☐ Payment for other outstanding liabilities; enter  
**Taxpayer ID:** \_\_\_\_\_

Make your check or money order payable in U.S. funds to **Commissioner of Taxation and Finance**. Include your Taxpayer ID number, and assessment number if applicable, on your payment.

If you prefer to pay by credit card or directly from your bank account, visit our Web site at [www.tax.ny.gov](http://www.tax.ny.gov) and select **Make a payment**.

*For office use only*

Form track number	•
Amount received	•
Payment effect/rec'd dates	•

Amount to be applied

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Enter amount enclosed ➡	\$ _____
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Mail to the address below



NYS ASSESSMENT RECEIVABLES  
PO BOX 4127  
BINGHAMTON NY 13902-4127

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